Healthcare Facility Expansion Assistance Playbook

Guidance Compilation for Providing COVID-19 Federal Support to Eligible Healthcare Facilities

December 2021

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1. Executive Summary

State, tribal, and territorial (STT) governments and eligible healthcare facilities (i.e., medical facilities with in-patient capabilities) continue to expand their healthcare facility (HCF) physical capabilities to treat current and potential future COVID-19 patient surges. The Federal Emergency Management Agency (FEMA) and the U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) regions remain prepared to leverage available federal support opportunities.

1.1. Operational Outcomes

- STT jurisdictions and qualifying healthcare facilities gain an enhanced understanding of how to request federal support as it relates to increasing patient capacity and support systems to treat COVID-19 patients.

- Eligible healthcare facilities expand their physical capacity and receive federal support, as requested. While many healthcare facilities have already repurposed, retrofitted, or expanded to maximize their capacity, additional opportunities may still be available for temporary and expanded facilities for inpatient COVID-19 hospital care.

- Supplies and other support required to expand existing healthcare facilities treating patient surges are delivered through established authorities and funding processes. Expanding healthcare facility capacity will also increase the need for medical and support staff.

1.2. Federal Support Opportunities

Technical assistance

- Summarized inventory of technical assistance documents and products
- National and regional seminars and outreach
- Facility Expansion Assistance Teams (FEAT) partner with STT governments to deliver virtual or in-person consultation to individual healthcare facilities

Temporary, Emergency Construction

- Public Assistance (PA) reimbursement for approved eligible projects completed during the incident period (i.e., January 20, 2020 and ongoing).
- Direct federal assistance (DFA) (e.g., U.S. Army Corps of Engineers [USACE] construction contracts)

1.3. Timelines

- FEMA and ASPR regions prepare to socialize HCF expansion opportunities with STT partners and eligible HCFs beginning December 22, 2021. FEMA and ASPR regions also roster and deploy FEATs to provide virtual or in-person assistance, as requested, beginning January 3, 2022.

- Interagency partners (e.g., USACE) prepare to augment these teams beginning January 3, 2021, as required. Due to potential competition for a limited number of Regional teams, data analytics and equity considerations may inform prioritization of deployments.

1.4   Questions or Concerns

Contact the FEMA National Response Coordination Center, Planning Support Section at FEMA-NRCC PSSC@fema.dhs.gov and Resource Support Section, FEMA-NRCC-RSSC@fema.dhs.gov if FEMA or HHS regions have any concerns or questions with this document.

2. Support for Healthcare Facility Expansion

This section describes the federal operations to support STT governments and healthcare facilities (HCF) who are eligible for federal assistance as they continue to expand their physical capacity. For this playbook, HCFs are defined as medical facilities with in-patient capabilities.

> This *Healthcare Facility Expansion Assistance Playbook* is intended to address a range of federal support options for the expansion of healthcare facilities. This playbook is not meant to address current and anticipated staffing shortfalls for medical and support staff. Requests for staffing resources should be made through the established resource request process supported by the August 2021 Medical Staffing Requests Advisory. Additional healthcare-specific references and resources may be found in Topic Collection: Interagency Hospital Expansion Resources.

2.1. Mission

The federal government provides assistance to STT and eligible HCFs interested in expanding existing healthcare facilities, including existing temporary facilities[1], to increase capacity to treat patients in preparation for surges in COVID-19 hospitalizations across the nation.

2.2. End State

The STT governments and eligible healthcare facilities (i.e., medical facilities with in-patient capabilities) fully understand and can leverage available federal support opportunities to expand capacities required for potential COVID-19 patient surges.

2.3. Facts

- Infections with the recently identified Omicron variant of SARS-CoV-2, the virus that causes COVID-19, are exponentially increasing in multiple countries. The U.S. has experienced a large surge of COVID-19 cases and hospitalizations during the December 2021 holidays.

- Vaccine hesitancy remains high. Approximately 80 million eligible Americans have not received the COVID-19 vaccines.

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[1] Temporary medical care facilities may include Alternate Care Sites (ACS). An ACS is a type of Temporary Medical Facility and broadly describes any building or structure of opportunity converted for healthcare use. It provides additional healthcare capacity and capability for an affected community separate from a traditional, established healthcare institution, though healthcare institutions may partner with eligible Applicants operating an Alternate Care Site.

- Medical facilities requesting DFA or Public Assistance are eligible for such support as defined under the [FEMA Policy#104-21-0004](#), Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2).

- Some healthcare facilities have not yet repurposed, retrofitted, or expanded to maximize their capacity.

2.4. Assumptions

- The Stafford Act will continue to fund 100% of costs for eligible and approved requests through April 1, 2022. Work conducted after that date will be subject to the cost share established at that time.

- Hospitals will continue to experience Health Care Workers (HCW) shortages, especially shortages of nurses, which presents a long-term challenge, and such capacity will not increase substantially in the coming months and may instead worsen.

- COVID-19 patient surges will continue to burden U.S. hospitals and healthcare systems. This will be due to Delta, Omicron, and other potential future variants of concerns.

- An increasing number of HCFs will request technical assistance from the FEMA and HHS regions, which may exceed the number of FEATs available to fulfill these requests.

- Temporary HCF expansion project completion timelines will result in these projects having minimal impact against the current Omicron Variant of Concern (VOC) with varying results per jurisdictional location, project size and complexity, and disease epidemiology.

2.5. Concept of Operations for Facility Expansion

FEMA and HHS staffs are requested to build on successful previous COVID-19 response efforts, including healthcare facility temporary expansion projects, and to address any gaps to amplify the opportunities and the process for healthcare facility expansion.

Regional FEMA and HHS offices will conduct initial outreach with their STT partners to provide information and socialize this opportunity to support healthcare facility expansion. This outreach should cover eligibility for support through current FEMA Public Assistance policies, and the process for requesting Direct Federal Assistance (DFA).

FEMA and HHS regions receiving STT requests on behalf of eligible healthcare facilities to temporarily expand existing physical space should review the requests and organize resources to provide the requested technical assistance. Medical facilities requesting DFA or Public Assistance are eligible for such support as defined under [FEMA Policy#104-21-0004](#).

Figure 1 shows the strategic-level process for FEMA, HHS, and the supporting federal departments and agencies to support healthcare facility temporary expansion. In addition, Appendix E provides an example of a step-by-step engagement approach with STT partners, and eligible HCFs focused on temporary HCF expansion project(s).
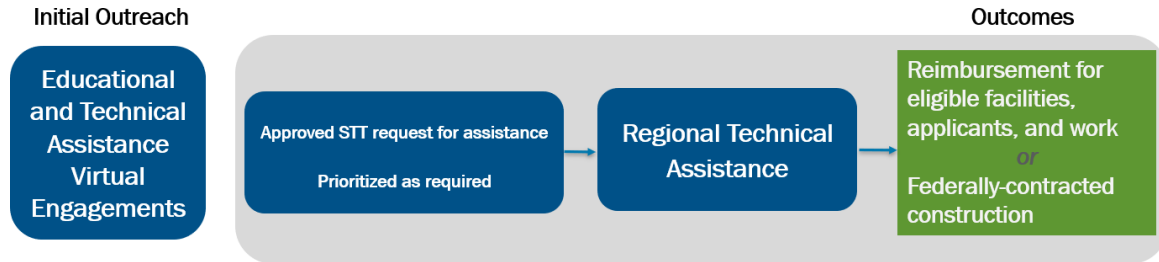
Figure 1 – Federal Strategic Process for Enabling Healthcare Facility Expansion

Figure 2 provides a detailed and operational set of actions to implement the described strategic approach, which was summarized.[2]
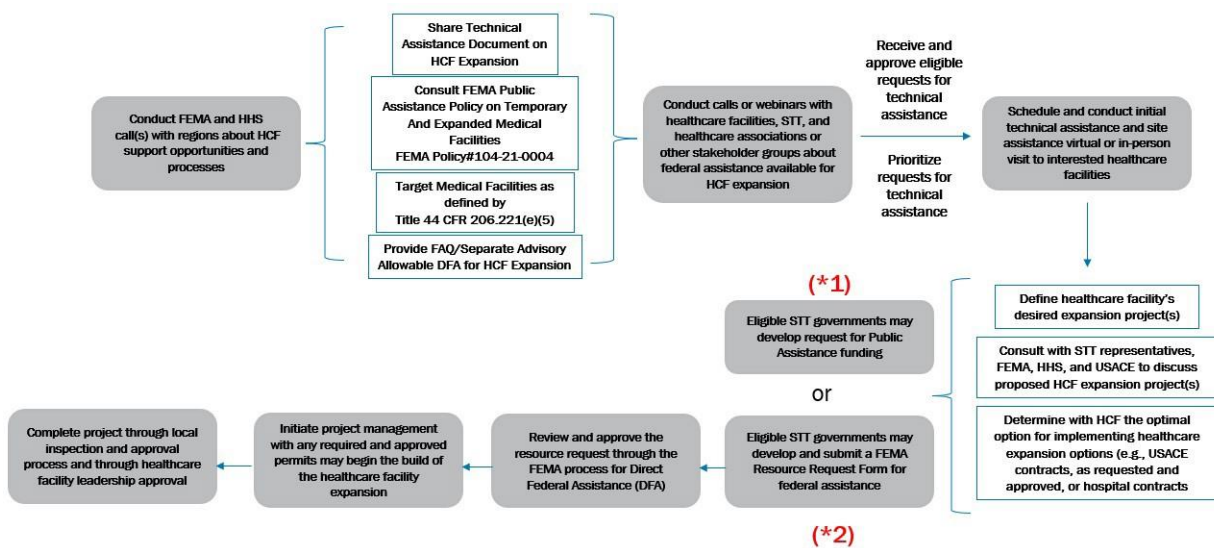
Figure 2 – Operational Healthcare Facility Expansion Flowchart for Determining and Applying Federal Assistance, as Needed

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[2] State, local, tribal, and territorial (SLTT) governments may contract with medical providers, including private entities, to carry out any eligible activity described in Section C. Eligible Medical Care by Facility of FEMA Policy#104-21-0004. In addition, eligible SLTT government entities and private nonprofit (PNP) organizations that own or operate medical facilities may submit a Request for Public Assistance (RPA).

Expedited Public Assistance Funding

Figure 3 describes the process for obtaining expedited Public Assistance funding to implement healthcare expansion projects.
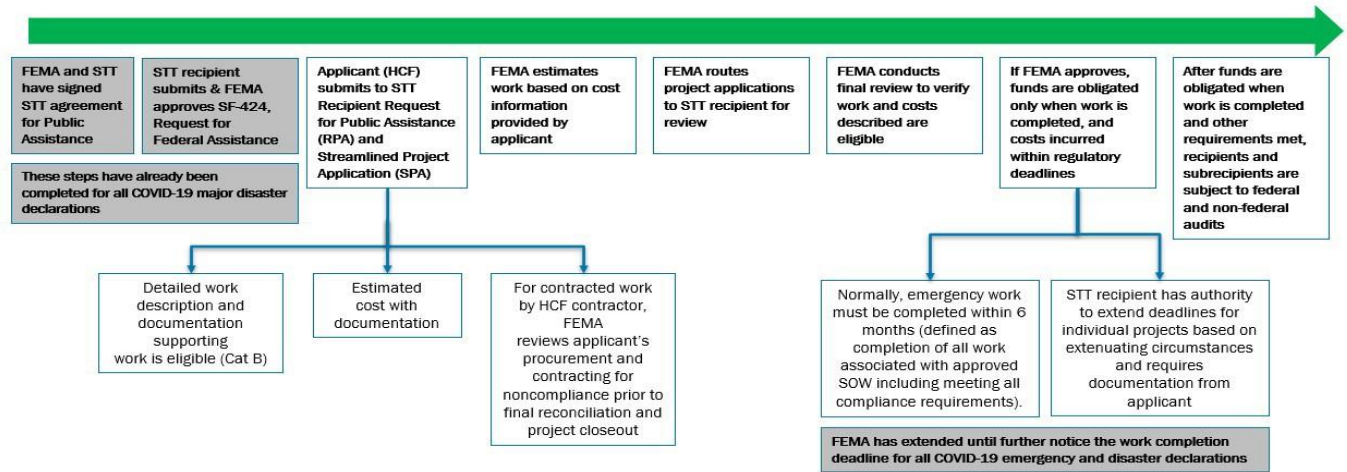
Figure 3 – Summary Process for Expedited Public Assistance Funding

Applicants may have a need for immediate funding to respond to COVID-19.

FEMA may provide expedited funding for Emergency Protective Measure projects exceeding the large project threshold. Project scopes of work and cost estimates are:

- Emergency Protective Measure (Category B) projects, which include temporary medical facilities

- Scoped in clear operational periods (30, 60 or 90 days)

- Scoped with clear authorized activity lists

- Initially funded at 50% of the estimated cost[3] and funded at the incident's federal cost-share for the defined operational period

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[3] FEMA may provide additional funds through project amendment requiring applicant to provide documentation to support expenditure of originally expedited funding.

Expedited Funding Considerations:

- Temporary healthcare facilities and other construction contracts[4]

- Source of Cost Estimate[5]

Prerequisites to apply for expedited project funding:

- Recipient must have a signed FEMA-STT agreement for the COVID-19 Pandemic[6]

- Recipient must submit, and FEMA must approve, an application for federal assistance ([SF-424])[7]

- FEMA and the Recipient must have approved the Applicant's Request for Public Assistance

[4] Since funding is provided at 50 percent of estimated costs, expedited funding may not be appropriate for some projects (such as construction of temporary facilities) where costs are front-loaded. In lieu of expedited funding, FEMA will work with Recipients and Applicants to prioritize these projects for award.

[5] FEMA will estimate the cost based on information provided by the Applicant. If cost information is not available, FEMA will estimate the project cost based on limited information about the work activities the Applicant will perform.

[6] Entity applying for Public Assistance Funding (in this case, eligible HCF requesting funding for temporary expansion project(s))

[7] The FEMA-STT agreements and SF-424 approval have already been completed for all COVID-19 major disaster (DR) declarations

Direct Federal Assistance

Figure 4 describes the process for requesting Direct Federal Assistance as a means to implement healthcare expansion projects.
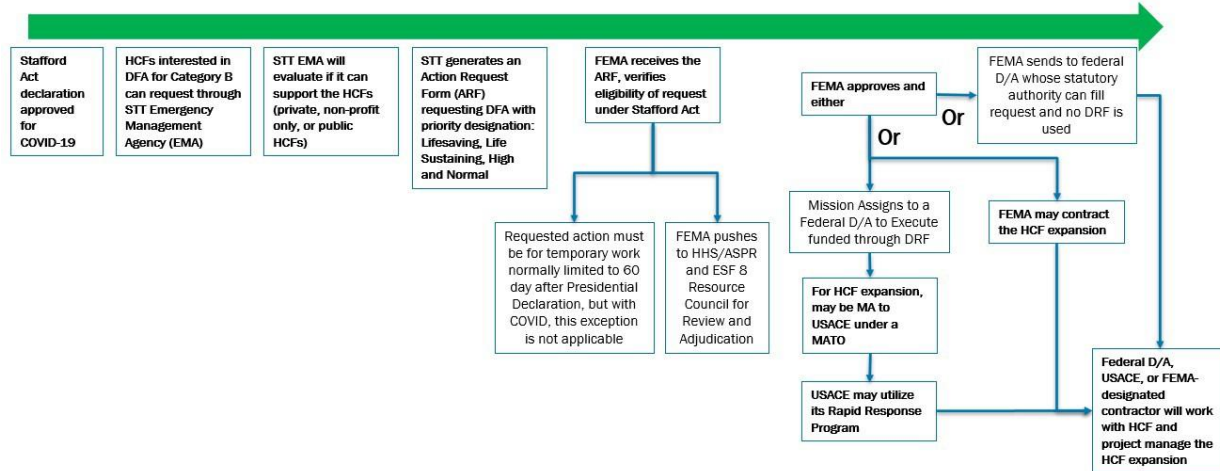
Figure 4 – Summarized process for requesting Direct Federal Assistance

When the COVID-19 impact is so severe that an STT government lack the capability to perform or contract the eligible Emergency Work, which is focused on Category B Emergency Protective Measures, the STT submits a Resource Request Form (RRF) to FEMA, and FEMA may either:

- Task another federal agency (e.g., US Army Corps of Engineers) through Mission Assignment to perform the work, or,

- Contract the work, provided it is an eligible activity specified in Chapter 7, FEMA PAPPG.

2.6. Request Process Considerations

The following considerations may assist FEMA and ASPR regions with initial conversations leading up to a potential request for virtual or in-person technical assistance:

- The requesting healthcare facility, through the STT jurisdiction, is eligible for federal assistance.[8]

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[8] Per FEMA Policy #104-21-0004, eligible PA Applicants under the COVID-19 emergency declaration or any subsequent COVID-19 major disaster declaration include SLTT government entities and private nonprofit (PNP) organizations that own or operate medical facilities, as defined in Title 44 of the Code of Federal Regulations (44 C.F.R.) § 206.221(e)(5). SLTT

- The proposed temporary expansion is not also being paid for by another funding source.[9]

- STT jurisdictions have the capacity to provide technical assistance and to coordinate support to healthcare facility expansion consultation.

governments may contract with medical providers, including private entities, to carry out any eligible activity described in Section C. Eligible Medical Care by Facility of this policy.

[9] Pursuant to Section 312 of the Stafford Act, FEMA is prohibited from providing financial assistance where such assistance would duplicate funding available from another program, insurance, or any other source for the same purpose. See FEMA Fact Sheet Coronavirus Disease 2019 (COVID-19) Public Health Emergency: Coordinating Public Assistance and Other Sources of Federal Funding.

3.   Facility Expansion Assistance Teams (FEAT)

This section provides an overview of the Regional FEAT team purpose, outcomes, and composition. The FEMA and HHS regional offices will organize at least one team with technical assistance capabilities to be available, if requested, to consult with STT partners and their eligible healthcare facilities on ways to support ongoing or future temporary expansions of HCF infrastructure to treat patients. Subject matter expertise and support at the national level will be available to the regional leadership and teams.

3.1.   Team Composition

The composition of the FEAT will be determined by the specific needs of the engagement and will be approved by the FEMA and ASPR Regional Administrators. The roles and responsibilities for the team members will align with the respective federal department/agency authorities and individual expertise. Multi-disciplinary teams will be developed, deployed virtually and/or in-person, and available based on the STT request. A deployable team and reach-back support would be available to support the request. Deployed teams, at a minimum, are recommended to include team lead(s), technical experts, and agency representation. The roles and responsibilities for these positions are described as:

FEAT Considerations

- FEAT members should include regional representation from FEMA, HHS, and USACE with a particular focus on public assistance, grants, and contracts. Each team member would be expected to represent their agency authorities and funding opportunities and will have corresponding reach-back support for any policy or legal questions specific to the jurisdiction.

- Regional FEATs may deploy virtually or in-person depending on the type of technical assistance requested by STT partners and eligible HCFs desiring temporary facility expansion project(s).

- Regional FEATs should partner with STT partners when engaging with eligible HCFs.

- FEAT technical assistance is not a pathway for federal medical staffing prioritization. These decisions are made through the established resource request process supported by the August 2021 Medical Staffing Requests Advisory.

FEAT Member Roles

Deployed teams, at a minimum, are recommended to include team lead(s), technical experts, and agency representation. Team composition may vary based on the STT and healthcare facility requirements and may be comprised of a pool of resources rather than individual teams. Additional reach-back capabilities for each member can be found in Section 3.3 below. The roles and responsibilities for these team members are described as:

- **Team Lead/Co-Lead**

  The team lead or leads would be identified by the Regional Administrators (HHS ASPR RA and FEMA RA). The team lead(s) would be responsible for the jurisdictional coordination and the communications with leadership at the Region and may serve as the Project Manager for new mission assignments associated with this effort.

- **HHS Advisor**

  Health and medical technical assistance will be provided through one or more representatives from the Department of Health and Human Services. Recommendations for areas of expertise include health care, resource requests, and eligibility. The HHS ASPR RA, Regional Emergency Coordinator (REC), or other HHS staff may fill this role. Additional assistance may be provided as required by HHS partners including but not limited to CDC, CMS, HRSA, and IHS.

- **FEMA Public Assistance Advisor**

  This individual will have Public Assistance expertise to advise on the FEMA Public Assistance Policy and Program Guide (PAPPG)[10] and the implementation of FEMA Policy#104-21-0004 specifically for COVID-19. This advisor may assess and determine facility eligibility prior to scheduling a visit.

- **USACE Advisor**

  Facility expertise will be provided through a representative from the U.S. Army Corps of Engineers. Regional USACE liaisons will coordinate on contracting and direct federal assistance options for projects identified through the technical assistance process. Activation and/or DFA mission assignments may be required.

- **Other Federal Department and Agency Partners**

  As needed or requested by STT and/or visiting HCFs, additional team members may be added from the Department of Defense (DoD), Department of Interior (e.g. Office of Insular Affairs), Veterans Affairs (VA), Indian Health Services (IHS), the Department of Homeland Security (e.g., DHS Cybersecurity and Infrastructure Security Agency (CISA)), FEMA staff (e.g., FEMA Integration Team staff) and others as identified by the team lead/s. Considerations for additional expertise may be identified during the initial coordination with the requestor and by the discretion of the co-lead, and activation mission assignments may be required.

- **STT Partners**

  STT jurisdictions may provide additional subject matter expertise, as required, based on the specific needs of the individual HCFs. FEAT should include STT emergency management and health department representatives as often as possible to coordinate with individual HCFs.

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[10] Version 3.1 of the PAPPG is applicable to all COVID-19 declarations and is available on the FEMA website at: Public Assistance Program and Policy Guide V3.1 (fema.gov).

3.2. Technical Assistance Reach-back

FEMA, the Regional Response Coordination Center and/or JFO(s) supporting COVID-19 Declarations (including Planning and Operations Sections) should coordinate with deployed FEAT to ensure coverage of legal, funding, public assistance, and overall programmatic expertise is available.

HHS, through the Secretary's Operation Center (SOC), will coordinate technical assistance expertise to respond to HHS, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Indian Health Services (IHS), and other agency-specific questions.

USACE will work through their Districts/Division resources on any technical matters to advise and/or to support HCF temporary expansion projects, as needed.

3.3. Federal Support Opportunities

Technical Assistance options for STT and eligible HCFs may include the following:

- Summarized inventory of technical assistance documents and products (See Appendix A).

- National and regional seminars and outreach.

- Virtual or in-person consultation to individual healthcare facilities via FEAT and STT government partnerships.

Temporary, Emergency Construction for HCF expansion may include the following:

- Public Assistance reimbursement for approved projects. See Figures 3 and 4 for more information on Public Assistance reimbursement processes.

- Direct federal assistance including through USACE contracting (See Figure 5 and Appendix B).

- STT governments can access GSA's Multiple Award Schedule purchasing programs to support the expansion of healthcare facilities (See Appendix C).

3.4. Requesting Facility Expansion Assistance Teams

HCFs interested in federal assistance under the current COVID-19 Stafford Declaration should first contact their STT state health authority followed by their STT emergency management agency.

The STTs will then submit requests to the FEMA regions to initiate the appropriate FEAT visit. These visits will likely occur virtually initially to assess the type of project(s) for temporary expansion and other necessary information.

4. Guidance for FEMA and HHS Regions in Prioritizing FEAT Engagements

This section describes how FEMA and HHS regions will coordinate and collaborate across the interagency and other federal partners to prioritize FEAT engagements, if requests for assistance are greater than the capacity of the regions.

4.1. Strategy for Prioritizing FEAT Visits

It is recommended that each Region form an interagency group to address and prioritize requests, as required. Membership, at a minimum, should include FEMA, ASPR, and USACE.

Each FEMA/HHS Region may have a different experience with requests for federal Technical Assistance (TA) related to healthcare facility expansion. Possible initial reactions are anticipated to be varied and could include factors reducing the incentive for TA, such as:

- A prioritization of staff before facilities, as many facilities are already operating at a reduced baseline capacity due to significant staffing challenges.

- Questions related to infrastructure changes which could potentially be completed after the current surge is already over.

- Questions related to how much federal technical assistance can actually improve preparedness for individual facilities versus only receiving funding.

- Questions regarding eligibility.

It will be necessary to reach out to explain funding available to healthcare facilities. National messaging should be amplified by the regions. To maximize coverage in a Region, it is recommended that seminars are held initially to provide appropriate guidance on funding availability, procedures for acquiring funding, and procedures for requesting TA. These seminars could be done on a regional basis or state basis but should include private sector partners as audience participants.

Prior examples of projects that have been funded should be included in presentations and concise language utilized to address request processes and eligibility. A distinction should be made regarding projects which can be realistically accomplished in a short time frame to impact the current surge versus other projects which could be accomplished in a longer time frame in preparation for future surges.

The presentation may then provide methods for solicitation of TA attention to individual facilities. Following initial socialization efforts, there may be a surge in such requests which will require a

method for prioritization of TA. Whenever possible, remote visits should be prioritized over in-person visits to maximize efficiency.

4.2.   Critical Considerations in Prioritizing FEAT Visits to Medical Facilities

The following data can be utilized to prioritize FEAT visits or individual facility consultations in situations in which demand exceeds capability. As each region is unique, a variety of data elements are presented for consideration. Regions may wish to select data sets from below and weigh some of them to establish areas for prioritization. To rapidly maximize space for COVID-19 response, priority may be given to projects that are quickly attainable, require minimal support, and gain needed space in stressed healthcare facilities.

COVID-19 Data Products

Modeling and data products produced weekly by the Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC) provide frequent reports to Federal, state, tribal, territorial and local partners. In addition, the CDC posts many data analytic products on its website. Regions should be informed, using existing or tailored data products (as requested from HHS), in establishing the prioritization of FEAT visits before on-site activities occur.

Regions, based on locations of requesting healthcare facilities seeking DFA, can evaluate the following data (or metrics):

- New Cases such as, but not limited to the following information:

  o Cases per 100K

  o Cases per 100K population – percent change (typically over 7-day moving average)

  o Nucleic Acid Amplification on Test (NAAT) Positivity

- Estimated prevalence of Delta, Omicron and future Variants of Concern (VOC)

- Hospital Utilization and Admissions such as, but not limited to the following information:

  o Confirmed COVID-19 admissions per 100 beds

  o Percent of inpatient beds occupied

  o Percent of inpatient beds occupied by COVID-19 patients

  o Percent of staffed adult ICU beds occupied by COVID-19 patients

  o Percent of staffed adult ICU beds occupied

- Vaccine Administration Rates (Partial/Full/Boosters) such as, but not limited to the following information:

  - Vaccine doses administered per 100K

  - Booster doses administered per 100K

  - Ratio of new vaccine doses given to new cases reported

- Social Vulnerability and Equity within Communities

  - CDC and Office of Minority Health (OMH) Minority Health Social Vulnerability Indices (SVI)

  - Census Community Resilience Estimates for Equity

Regions should then evaluate the list of requesting healthcare facilities seeking DFA based on the following:

- Do those facilities fall in areas currently and/or on-trend/forecasted to experience high incidence rates (i.e., new cases)?

  - This consideration may inform risk level of increased COVID-19 hospitalizations.

- Do those facilities fall in areas currently and/or on-trend/forecasted to experience high hospitalization utilization and/or admissions?

  - This consideration may inform how given expansion project(s) can effectively mitigate increased number of patients requiring hospitalization.

- Do those facilities fall in areas with high social vulnerability?

  - This consideration may inform whether hospitals may see increased hospital admissions, particularly among vulnerable populations.

Regions can request specific inquiries or products for their jurisdictions by contacting ASPRMOD@hhs.gov. The CDC website for data analytics is found on its COVID Tracker website at https://covid.cdc.gov/covid-data-tracker/#datatracker-home.

Medical Facility Type and Locations

Regions may also consider the locations and types of healthcare facilities (eligible under FEMA Policy#104-21-0004) seeking DFA or Public Assistance such as, but not limited to, the following:

- Large, Level 1 Trauma/Tertiary care facilities

- University teaching hospitals

- Large regional hospitals supporting frontier Critical Access Hospitals (CAH)

- Urban or rural hospitals that meet the eligibility criteria

Regions can use this information in the following manner:

- Expansion in these hospital types, particularly if they are experiencing (or predicted to experience) high numbers of COVID-19 patients, may impact medical care for a larger patient pool than medium to small-size medical facilities.

- Facility Expansion Assistance Teams can visit more urban hospitals within a relatively short time frame than hospitals in rural locations.

Adequate Healthcare Worker (HCW) and Ancillary Staff

Although there is less likelihood that temporary facility expansion may be requested from healthcare facilities experiencing HCW and/or ancillary staff shortages, there still may be requests for DFA for such expansion projects to occur.

Expanded temporary healthcare facilities will require staff to conduct patient treatment. When formally requested by eligible medical facilities for DFA, regions can evaluate the facilities' HCW and ancillary staffing levels. HCW and ancillary staffing challenges are also reflected by the previous use of Federal medical personnel mission assigned under the current Stafford declaration and/or use of State National Guard (either under Title 32 or Title 10 authorities) for augmentation.

Regions may consider healthcare facilities adequately staffed to more effectively utilize expanded temporary infrastructure to conduct patient treatment than those healthcare facilities not adequately staffed. This consideration represents the likelihood of maximal use of expanded infrastructure vice significant underutilization.

Proposed Temporary Expansion Project and Estimated Renovation Time to Complete Project(s)

Regions may prioritize healthcare facilities that have already identified emergency and temporary expansion projects over those who need assistance in defining potential projects.

Regions may then evaluate submitted DFA expansion project(s), with USACE input, on the length of renovation time required before use to treat patients.

Regions may use estimated renovations times to prioritize FEAT visits to those locations, where such projects are expected completed in a relatively short period. One example is to use the following categories:

- Project(s) less than or equal to 3 calendar days to complete.

- Project(s) 4 to 7 calendar days to complete.

- Projects(s) 8 to 14 calendar days to complete.

- Project(s) greater than or equal to 15 calendar days to complete.

Regions may deprioritize healthcare facilities that seek FEAT teams to advise on reimbursement for projects already completed. Given that these facilities have already expanded and are able to serve more patients, FEAT teams can work with them after advising those requiring shorter-term support to achieve their expansion project(s).

4.3.   Summary

COVID-19 data products, healthcare facility type and location, adequacy of healthcare workers and ancillary staffing, and nature of project and estimated renovation time to complete temporary expansion project(s) are critical considerations that FEMA and HHS Regional Offices should work together to inform their specific prioritization of planned FEAT visits. If the number of FEATs available exceed the numbers of medical facilities seeking DFA requests, no prioritization is required and thus, visits should occur promptly to those eligible facilities.

5.   Operational Considerations for FEAT Engagements

FEMA and ASPR regions may use the conversation guide in this section to support consultation with state, tribal, and territorial (STT) governments and healthcare facilities (i.e., medical facilities with in-patient capabilities) interested in seeking Federal assistance to temporarily to continue to expand their existing healthcare facility infrastructure. Appendix D includes a potential engagement form for use by FEAT when conducting initial engagements with HCFs.

5.1.   FEMA Advisory – External Messaging Specific to Healthcare Facility Expansion

The FEMA and HHS Regional Offices should read the *FEMA Advisory: Federal Support to Combat COVID-19* to reference before and during conversations with STT jurisdictions and eligible HCFs about the HCF expansion and other parallel initiatives occur.

Per this advisory, funding under FEMA's Public Assistance Program continues to support COVID-19 expanding hospital capacity as well as other initiatives such as COVID-19 testing, vaccination administration, and surge staffing. This funding is available to states, tribal nations, territories and localities and certain private non-profit organizations. FEMA will continue to provide this important resource to help meet public health and safety needs posed by the pandemic.

FEMA will fund medical care to treat people suffering from COVID-19 infections. This includes medical care in primary care facilities such as hospitals, and funding for temporary and expanded medical care capacity. Guidelines are outlined in FEMA Policy 104-21-0004, Coronavirus (COVID-19) Pandemic: Medical Care Costs Eligible for Public Assistance (Interim) (Version 2).

This funding may include costs for:

- Medical care for COVID-19 patients.

- Surge staffing for medical care personnel.

- Expansion of hospitals and medical facilities, such as conversion of unused or other space for clinical care.

- Establishing and operating temporary medical facilities, including lease, purchase, and construction costs.

- Mobilization and demobilization for setting up and closing temporary or expanded medical capacity.

- Operating costs, including equipment, supplies, staffing, and wraparound services.

Funding may be based on ongoing and projected needs regarding continuing operations at a temporary or expanded medical facility.

In most cases, permanent renovations are not eligible, except where the work is completed in time to meet COVID-19 capacity needs and is cost-effective. Permanent renovations are also subject to real property disposition requirements.

5.2. Healthcare Facility Considerations

These considerations may serve as a conversation guide for technical assistance to healthcare facilities. Facility Expansion Assistance Teams (FEAT) should consider discussing the following topics during virtual or in-person site visits as considerations for expanding healthcare facilities:

- The requesting healthcare facility has sufficient medical and support staffing or has plans to increase staffing to sufficiently use the temporarily expanded facilities to treat COVID-19 patients.

- The requesting healthcare facility has sufficient sources, funding, and resources to acquire, to store, and to administer pharmaceuticals and medical supply requirements necessary specific to the proposed expanded facility.

5.3. Healthcare Facility Temporary Expansion Project Operational Considerations

The following operational considerations should inform FEMA and HHS regions in evaluating the proposed HCF temporary facility expansion project(s):

- Patient treatment is described in the proposed expansion plan, including:

  o Treatment of patients requiring acute and/or non-acute care.

  o Sufficient capacity for in-patient beds and supporting equipment and supplies.

  o Treatment of patients requiring specialized care.

- Support services are included in the proposed expansion plan, including:

  o Wraparound services (e.g., laundry, food services)

  o Nonclinical services (e.g., janitorial, administrative)

  o Laboratory services

  o Morgue services

- The proposal for repurpose or retrofit has addressed the various requirements, timelines, contracting information, and set-up specifics for the healthcare facility.

- The estimated costs, based on actual or projected needs, are considered reasonable and necessary inclusive of the following:

  o Lease, purchase, or construction costs.

  o Mobilization and demobilization costs associated with setting up, building, and closing the temporary or expanded medical facility.

  o Operating costs -- inclusive of healthcare facilities and contract costs -- including equipment, supplies, staffing, wrapround services, and clinical care not covered by another funding source.

  o For healthcare facilities using contractors for temporary expansion -- either to set-up, build and/or staff -- the proposed contracts include a termination for convenience clause that will be implemented if the site is ultimately not needed, or the needs are less than projected, as determined by the legally responsible entity, which is typically the healthcare facility.

- Environmental, health and safety, and historical preservation[11] considerations are accounted for in the proposed facility expansion plan, including:

  o Compliance with Federal, State, Tribal, Territorial, and Local jurisdictions' building, life safety and other codes that impact patient and HCW safety and health.

  o Compliance with the Architectural Barriers Act (ABA) and Americans with Disabilities Act (ADA).

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[11] Although certain emergency protective measures are statutorily exempted from review under the National Environmental Policy Act (NEPA) under Section 316 of the Stafford Act (42 U.S.C. 5159), these actions may still require review for compliance with other Environmental and Historical Preservation (EHP) laws, regulations, and executive orders. For instance, despite the statutory exclusion for NEPA, statutes like the Endangered Species Act and the National Historic Preservation Act must be complied with, as applicable. Executive Orders 11988 and 11990 (Floodplain Management, and Protection of Wetlands, respectively) also must be followed. New construction for temporary facilities is subject to EHP review even if it is an emergency. It is advisable, even in an emergency, to avoid expanding critical facilities in a Special Flood Hazard Area. Applicants are responsible for completing activities in a manner that complies with all state and local guidelines and for obtaining all necessary permits. Work determined in violation of local, State, or Federal laws, regulations, and executive orders may be ineligible for FEMA funding. Additionally, non-compliance with EHP project conditions associated with individual projects may jeopardize receipt of federal funding.

- Location outside of a Special Flood Hazard Area (SFA) or wetland; if location is inside of the SFHA, and there are no practicable locations outside of the floodplain, a flood safety plan will be required of the HCFs.

- Location in a brownfield or other use-restricted site.

- Impacts of facility renovation (e.g., exposure to asbestos, lead-based paints, or other environmental contaminants associated with past use of the property) on the health of occupants, medical providers, and construction workers.

- Historic status of properties, and if deemed so, historic properties will require a higher level of review.

Appendix A: Healthcare Facility Expansion Assistance

Hospital Expansion

- COVID-19 Emergency Declaration Blanket Waivers for Healthcare Providers. HHS/CMS – Details the authorities CMS is empowered to take through 1135 waivers as well as, authorities granted under section 1812(f) of the Social Security Act.

- Designated COVID-19 Hospitals: Case Studies and Lessons Learned, HHS/ASPR – Decision makers and lead physicians at four designated COVID-19 hospitals answer interview questions focused on facilities' decision-making processes, operations and logistics, and general lessons learned.

- Engineering/Reconfiguring Spaces to Accommodate COVID-19 Patients: ASPR TRACIE Experiences from the Field, HHS/ASPR – List of resources that focus on updating old and creating new spaces to accommodate patients with COVID-19 symptoms.

- Reconfiguring Spaces: How NorthShore University Health System Met the COVID-19 Challenge, HHS/ASPR – Michael Fiore, CIH, Corporate Senior Director for Environmental Health and Safety and Clinical Operations for NorthShore University Health System in Illinois describes actions his hospital took to meet the challenges in continuing hospital operations.

- Creating a COVID-19 Specialty Hospital, HHS/ASPR – Erica Kuhlmann, DO, COVID ICU Medical Director, M Health Fairview (MN) shares her experiences transforming the system's Bethesda facility into a dedicated COVID-19 hospital in 2020.

- Hospital Operations Toolkit for COVID-19: Capacity – Space, HHS/ASPR – Describes ways hospitals can modify their infrastructure to accommodate patient surge during the COVID-19 pandemic.

Supplies

- Hospital Operations Toolkit for COVID-19: Capacity – Supply Chain and Resource Management, HHS/ASPR – Discusses information on managing supplies and other resources while addressing supply chain challenges, selection and acquisition strategies, inventory management, and preservation practices during the COVID-19 pandemic.

Staffing

- [Hospital Operations Toolkit for COVID-19: Capacity – Staffing](#), HHS/ASPR – Discusses options to increase hospital staffing while complying with licensing and credentialling requirements, providing appropriate training, and ensuring staff safety.

Standards of Care

- [COVID-19 Patient Surge and Scarce Resource Allocation](#), HHS/ASPR – Lists resources to assist healthcare and emergency management planners prepare for surges of COVID-19 patients. Topics include allocation of scare resources, crisis standards of care, Telehealth, and others.

- [Coronavirus Disease 2019 (COVID-19) Treatment Guidelines](#), HHS/NIH – Provide clinicians with evidence-based recommendations on the management of COVID-19 patients.

Data & Information

- [HHS Protect Public Data Hub: Hospital Utilization](#), HHS – Displays data visualizations on the current and historic utilization and capacity status of US hospitals registered with Centers for Medicaid and Medicare Services.

- [COVID-19 Ensemble Forecasts](#), HHS/CDC - Provides mathematical modeling to forecast cases, hospitalizations, and deaths at the state level for the next month. These ensemble models are generated using publicly available forecasting results and are used to inform short-term situational awareness, pandemic planning, resource allocation and intervention implementation decisions.

- [Minority Health Social Vulnerability Index](#). HHS/CDC and HHS/OMH – Enhances existing resources to support the identification of racial and ethnic minority communities at the greatest risk for disproportionate impact and adverse outcomes due to the COVID-19 pandemic.

- [Community Resilience Estimates](#). U.S. Census Bureau – Provides a data tool for understanding how at-risk every neighborhood in the United States is to the impacts of disasters, including COVID-19, and measures the capacity of individuals and households to absorb, endure, and recover from the external stresses from disasters.

- COVID-19 Long Range Modeling Scenarios, HHS/ASPR – Scenarios-based, long-term projections (6-months) of cases, hospitalizations, and deaths for planning purposes. Product is updated monthly and available on request from ASPRMOD@hhs.gov.

Health Care Systems

- [Healthcare Coalition (HCC) Medical Operations Coordination Cell (MOCC) Resource Assessments](#), HHS/ASPR –Provides sample questions for a MOCC survey to healthcare entities and resources

that can be used to form questions. It includes considerations and materials providing hospital data collected at state and federal levels.

- Guidance on Indian Health Service COVID-19 Funding Distribution for Tribes, Tribal Organizations, and Urban Indian Organizations, HHS/IHS - Provides general guidance regarding Indian Health Service COVID-19 funding distributions to tribes and tribal organizations.

- Medical Operations Coordination Cells Toolkit (Second Edition), HHS/ASPR – Offers flexible and modifiable guidance, developed by the U.S. government, aimed to assist regional, state, local, tribal and territorial governments. The toolkit ensures load-balancing across healthcare facilities and systems, so that the highest possible level of care can be provided to each patient during the COVID-19 pandemic.

- Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic, HHS/CDC – Provides practical approaches that can be used to protect healthcare personnel, patients, and communities.

- COVID-19 FAQs for State Medicaid and Children's Health Insurance Program (CHIP) Agencies, HHS/CMS – Lists six sets of general FAQs to aid CHIP agencies in responding to COVID-19.

Additional resources, references, case studies, and best practices may be found in the Topic Collection: Interagency Hospital Expansion Resources

Appendix B: U.S. Army Corps of Engineers (USACE) Rapid Response Program

Rapid Response

HQUSACE has granted the Omaha District Special Program's Technical Center of Expertise (RR-TCX) the authority to execute time-sensitive work when the impacted MSC and District have insufficient capability. Time-sensitive work includes infrastructure repairs under Rapid Disaster Infrastructure Program (RDI) and Hazardous Waste Recovery actions under Rapid Response Program (RR).

The Rapid Disaster Infrastructure program is a suite of Multiple Award Task Order Contracts (MATOCs) for which task orders are awarded to respond to time-critical infrastructure repairs occurring anywhere in the contiguous United States, including Alaska, Hawaii and U.S. territories such as Guam and Puerto Rico. It has cycled through two generations of contracts.

When natural disasters such as Hurricane Florence strike, RR-TCX personnel are subject matter experts in managing cost reimbursable contracts and have the expertise needed for near real-time decision making required for work in ambiguous and rapidly evolving environments. To date, nearly $1.4 billion of RDI contracts have been awarded.

The RDI team provides life-cycle project and construction management from concept to completion for federal agencies to reduce risks for such projects as:

• **Construction:** Repairs, renovation, construction, etc. to facilities, infrastructure, water and sanitation systems, electrical systems, natural gas and other energy systems, fences, lighting, and roads to support troop movements and other crucial military missions.

• **Flood Recovery:** Repairs, renovation, construction, etc. to flood control and water diversion structures, embankments, channel alignments and flood control structures.

• **Infrastructure Recovery:** Restoration, repair, and demolition of facilities, utilities, real property systems, and other infrastructure requirement that cannot be performed in required time frames with normal contract mechanisms to meet critical, time sensitive requirements.

• **Emergency Management:** Response actions such as unwatering missions, which require execution within hours of receiving funding and recovery actions such as debris recovery, temporary housing, etc, which require execution within days of receiving funding.

Contract Title	Award Date	Expiration Date	Business Size	Pricing Arrangement	Geographic Area of Coverage	# of Contractors in Pool
RDI I SDVOSB MATOC	12-Oct-2017	11-Oct-2022	SDVOSB	FFP/CR	CONUS, AK, HI	3
RDI I SB MATOC	6-May-2019	5-May-2024	SB	FFP/CR	CONUS, AK, HI, and outlying areas	4
RDI I 8(a) MATOC	19-Aug-2019	18-Aug-2024	8(a)	FFP/CR	NE, IA, KS, MO, ND, and SD	3
RDI II Unrestricted MATOC	1-Oct-2019	1-Oct-2027	UN	FFP/CR	CONUS, AK, HI, and outlying areas	7
RDI II SB MATOC	TBD	TBD	SB	FFP/CR	CONUS, AK, HI, and outlying areas	6
RDI II SDVOSB MATOC	TBD	TBD	SDVOSB	FFP/CR	CONUS, AK, HI, and outlying areas	4
RDI II HUBZone MATOC	TBD	TBD	HUB-Zone	FFP/CR	CONUS, AK, HI, and outlying areas	4
RDI II 8(a) MATOC	TBD	TBD	8(a)	FFP/CR	NWO/NWK boundaries	4

The Rapid Response Program is a suite of Single Award Task Order Contracts (SATOCs) for which task orders are awarded to support time critical projects (see table below for geographic areas covered).

RR deals with time–critical hazardous waste recovery actions and has undergone six generations of contracts. It provides full-response hazardous waste recovery service in situations where rapid or immediate response action is necessary to protect human life, public health or the environment for projects such as:

- Aircraft crash cleanup
- Tank spill response
- Hydrant system repair/spill response; drum
- Asbestos, sediment and soil removal actions
- Design/build landfills covers and caps to protect the environment and public from hazardous constituents
- Mine tailings removal and remediation under the Abandoned Mine Lands Program
- Drum removal and underground/aboveground storage tank spill response support
- Vast majority of work under RR is for fuel recovery and soil abatement for DLA, per- and polyfluoroalkyl substances (PFAS) and Per fluorooctanoic acid (PFOA) contaminant removal from potable drinking water supplies for AFCEC

The RR-TCX provides support to all Federal Agencies who meet program criteria. Flexibility and cost-reimbursement contracts ensure cost efficiency to the government.

Other RR-TCX features include:
- Task orders are awarded and administered by the Omaha District PDT in coordination with the geographic District
- PCO authority remains in Omaha District
- HQUSACE "Tiger Team" Support
- Award timeline varies by project need and urgency.
- Capable of being on-site w/in 24 hours.
- Cost Reimbursable Contract Management Training
- Site Support to USACE and all other Federal Agencies
- Can be utilized by Federal, State, and local customers

Contract Title	Award Date	Expiration Date	Business Size	Pricing Arrangement	Geographic Area of Coverage	Contractor
Rapid Response V 8(a) SATOC	26-Jun-2019	25-Jun-2024	8(a)	FFP/CR	CONUS, AK, HI, and outlying areas	Brice-AECOM
Rapid Response V SDVOSB SATOC	6-Jan-2020	5-Jan-2025	SD-VOSB	FFP/CR	CONUS, AK, HI, and outlying areas	IOEI EQM JV
Rapid Response VI Unrestricted SATOC	26-Aug-2020	5-Aug-2027	UN	FFP/CR	CONUS, POD AOR, and SAD AOR	Weston-ER JV
Rapid Response VI SB SATOC	TBD	TBD	SB	FFP/CR	CONUS, AK, and HI	TBD
Rapid Response IV 8(a) SATOC	TBD	TBD	8(a)	FFP/CR	CONUS, AK, HI, and outlying areas w/in SAD AOR	TBD
Rapid Response VI SDVOSB SATOC	TBD	TBD	SD-VOSB	FFP/CR	CONUS, AK, HI, and outlying areas w/in SAD AOR	TBD

Appendix C: GSA Purchasing Programs

1.   Program Summary

STT governments can access GSA's Multiple Award Schedule purchasing programs to support the expansion of healthcare facilities.

Available opportunities include:

- Facilities

- Furniture and Furnishings (e.g., hospital beds)

- Human Capital (e.g., HCW staffing)

- Security and protection

- Transportation and logistics

- Industrial products and services

- Information technology

Applicability

- State/ Tribal/Territorial or local governments eligible

- Not eligible are private, non-profit organization

Requirements

- Applicants purchasing supplies or services must follow the federal procurement under grants rules found at 2 C.F.R. §§ 200.317-200.326

- Applicants must also ensure full compliance with applicable Federal grant requirements

- Applicants still need to follow the procurement laws and regulations, including competition rules, geographic requirements, and socioeconomic requirements dictated by their state and local procurement regulations and policies

GSA eTools

- [GSA eLibrary](): Find information on current suppliers and available items and services from the GSA Schedule, GSA Technology contracts, and more. (www.gsaelibrary.gsa.gov)

- [GSAAdvantage!®:]() Shop and order from a wide variety of products and services sourced from thousands of contractors. (www.gsaadvantage.gov)

- [GSA eBuy](): Post requirements and receive contractor quotations for a wide range of products and services (www.ebuy.gsa.gov).

2. GSA Purchasing Resources and Support for State and Local Governments

On January 21, 2020, the Secretary of Health and Human Services declared [Public Health Emergency](PHE) pursuant to section 319 of the Public Health Service Act, codified at 42 U.S.C. § 247d. On March 13, 2020, the President declared the ongoing Coronavirus Disease 2019 (COVID-19) pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, and territories, pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207.

The U.S. General Services Administration (GSA) is working hand-in-hand with both the U.S. Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA) to support Federal, state, and local communities. GSA is here to help!

Below is an outline of programs available to state and local partners that are eligible for direct access to our GSA sources.

GSA Multiple Award Schedule (MAS) Purchasing Programs

Eligible [State and local entities]have access to MAS, also known as Schedules, under the following programs:

- Disaster Purchasing - Access to all MAS available offerings under Schedule (consolidated MAS and all legacy Schedules) for emergency/disaster preparation, emergency/disaster response, or major disaster recovery in support of a Stafford Act declaration from the President.

- Public Health Emergency (PHE) - Access to all offerings on Schedule (consolidated MAS and all legacy Schedules), when expending Federal grant funds in response to Public Health Emergencies declared by the Secretary of Health and Human Services under section 319 of the Public Health Services Act, codified at 42 U.S.C. § 247d.

- Cooperative Purchasing - Access to information technology and law enforcement and security solutions, identified by Special Item Number (SIN) in support of everyday missions.

- 1122 Program - Access to specific SINs and Department of Defense (DOD) items to purchase products in support of emergency response and homeland security (most limiting program because it requires a designated State Point of Contact (SPOC) and has limited items available).

Rules Governing Access to GSA MAS

Access to the consolidated MAS Schedule and legacy Schedules is governed by Federal law and regulations. Acceptance of orders by state or local governments is voluntary. Rules for purchasing are set by the state and local entity and the agency providing the funding. GSA mandates ordering language on orders placed under MAS, but does not establish procurement or competitive requirements or restrictions (e.g., mandates for set asides, geographic restrictions, competition level) or dictate how the state and local entities execute a purchase.

GSA cannot speak to requirements imposed by other Federal agencies. For requirements related to grant funding, the agency that provides the funding (in many cases it will be FEMA or HHS) issue the procurement rules.

Best Practices and GSA Support

Please remember to coordinate! Please coordinate with the funding agencies and understand the requirements and restrictions in place, if you are spending Federal grant monies. Use GSA resources to support your needs. Here are some tips for using Schedules.

- Do your Market Research

  - Use GSA eTools eLibrary and GSA*Advantage!* to find the goods and services you need for support. Use the "Disaster Relief & Pandemic Products" section of GSA*Advantage!* to quickly identify items. Look for the Cooperative Purchasing and Disaster Purchasing icons for easy identification of items covered under these programs.

  - Use eBuy to post requests for information (RFIs) to find suppliers that can fulfill your requirements.

- Confirm Supply Availability Before Ordering

  Prior to placing orders through GSA*Advantage!*®* or any other method, buyers are encouraged to contact contractors directly to confirm product availability. Demand is high and the supply levels are shifting faster than contractors can update information in online systems. Use of GSA eTools to purchase is not mandatory. Buyers may execute purchases in any manner (email, fax, phone, etc.), that complies with their state and local policies and regulations.

  Contractor contact information including phone number and email is located on the GSA*Advantage!* contractor information page. To access the contractor information page, navigate to the product details from the search results and click on the contractor name underneath the

product image. You can access search categories that include COVID-19 related products under GSA Advantage's "Disaster Relief and Pandemic Products" aisle.

Finally, we are here to help! Contact a GSA Customer Service Director (CSD) near you for support navigating our eTools or MAS offerings.

Use of GSA eTools to purchase is not mandatory. Buyers may execute purchases in any manner (email, fax, phone, etc.) that complies with their state and local policies and regulations.

Resources and References

- GSA eTools

  - GSA eLibrary: Find information on current suppliers and available items and services from the GSA Schedule, GSA Technology contracts, and more. gsaelibrary.gsa.gov

  - GSA*Advantage*!®: Shop and order from a wide variety of products and services sourced from thousands of contractors. gsaadvantage.gov

  - GSA eBuy: Post requirements and receive contractor quotations for a wide range of products and services. ebuy.gsa.gov

- MAS Available Categories:

  - Facilities

  - Furniture and Furnishings

  - Human Capital

  - Industrial Products and Services

  - Information Technology

  - Miscellaneous

  - Professional Services

  - Office Management

  - Scientific Management and Solutions

  - Security and Protection

  - Transportation and Logistics

- Travel

- Examples of goods and services that are available under Schedules:

  - Tents for remote medical centers

  - Hospital beds

  - Cleaning Supplies

  - Telework Solutions, including laptops

Program Rules and Definitions

Who qualifies as a State and Local Government entity?

- Per 40 U.S.C § 502(c), "the term, 'State or local government' includes any State, local, regional, or tribal government, or any instrumentality thereof (including any local educational agency or institution of higher education)."

- Local education agencies and institutions of higher education include, but are not limited to, the following types of entities:

  - Local elementary, middle, and high schools operated by public school boards;

  - Public colleges, community colleges, technical colleges; and

  - Public universities that provide at least a two-year program that offers a degree or offers credit toward such a degree.

- Not sure if you are eligible? Review the following eligibility resources available on gsa.gov. If after review, you are still unsure of your eligibility, submit an eligibility request to gsaeligibilitydetermination@gsa.gov.

Ordering Guidelines

- State and local buyers must:

  - Follow the procurement laws and regulations, including competition rules, geographic requirements, and socioeconomic requirements dictated by their state and local procurement regulations and policies. If you are utilizing Federal grant funding for your purchase, you must follow the guidelines and requirements set forth by the granting agency.

  - Include the MAS contract number on all orders placed through MAS. This confirms that the pricing, terms, and conditions are applicable on the order.

- Include mandatory ordering language for orders placed under the GSA State and Local Programs.

  - Disaster Purchasing Program Mandatory Order Language

  "This order is placed under GSA Schedule number "insert number here" under the authority of the GSA Disaster Purchasing program. The products and services purchased will be used in preparation or response to disasters or recovery from major disaster declared by the President, or recovery from terrorism or nuclear, biological, chemical, or radiological attack."

  - Public Health Emergency Program Mandatory Order Language

  "This order is placed under Federal Supply Schedule number <Insert Number Here> according to GSA policy that authorizes state, local, territorial, and tribal governments, as authorized users for purchasing goods and services, when expending Federal grant funds in response to Public Health Emergencies (PHEs) declared by the Secretary of Health and Human Services, under section 319 of the Public Health Services Act."

  - 1122 Program

  "This order is placed pursuant to the 1122 Program, in support of counter-drug, homeland security, or emergency response activities, under the authority of (insert the SPOC Name), the State Point of Contact (SPOC) for the State of (insert the state)."

Buyers may:

- Add additional terms and conditions to MAS purchases as long as the terms and conditions do not conflict with the MAS terms and conditions.

FEMA Guidance Related to State and Local Schedule Purchasing

- FEMA issued the below guidance related to purchasing under the Disaster Purchasing Program. This information sheet may not take into account any exceptions FEMA is making under COVID-19 declarations. State and local entities will need to connect with FEMA, HHS, etc., to understand what requirements, if any, are waived.

  - FEMA Public Assistance Grant Guidance [2019 General Services Administration (GSA) Fact Sheet](https://www.fema.gov/procurement-disaster-assistance-team) allows for purchasing from Federal Supply Schedules in support of major disasters. https://www.fema.gov/procurement-disaster-assistance-team

Appendix D: Proposed HCF Expansion Initial Engagement Form

Proposed Healthcare Facility Project
Initial Engagement

	Date:	
Hospital Name		
Address		
County		
Hospital Description Public, Private, Non-Profit, Government Rural, Urban, Suburban Trauma Level # Beds Services Provided		
COVID-19 Challenges		
Primary Point of Contact Name, Title, Phone Number, Email		
Secondary Point of Contact Name, Title, Phone Number, Email		
General	What are your plans to expand capacity? (e.g., convert existing spaces within the hospital, adapt/convert non-hospital structures for hospital use, utilize temporary spaces, etc.) What existing expansion capacity does your HCF already have? What other projects has your healthcare facility undertaken to expand capacity? What effect will these efforts have on your current operations (e.g., loss of use of current space, redirecting staff, etc.)? Will this expansion be temporary or permanent? Will this project be a new expansion effort or one that is already in progress/completed?	

Capacity	How much additional capacity will this effort provide your facility/system (# of beds, percentage, etc.)? How will this impact the number of beds your HCF is licensed for? Will a 1135 waiver be required?	
Proposed Use	How will you use the additional space (e.g., triage, treatment, etc.)? How will this expansion support healthcare service for vulnerable populations?	
Resources Needed (Staff, Equipment)	*Equipment* - What additional equipment (e.g., oxygen concentrators) do you need to realize the full benefit of the expansion efforts? *Staffing* - How does this change your staffing model? What additional staff do you need to fully support or realize the benefits of the expansion? What types of non-clinical staffing are needed to support this effort? *Securing Resources needs to Operationalize* - How do you plan to secure any additional equipment, staff, supplies, etc.?	

Proposed Completion Date	What is the expected completion date of ongoing, proposed, or potential expansion efforts?	
Potential Obstacles	What sort of regulatory obstacles are you facing in these efforts, if any (e.g., Stark law waiver requirement, Special Flood Hazard, Asbestos mitigation requirements, traffic flow/infrastructure support studies, etc.)? What delays, complications, or shortages are you currently facing/do you foresee?	
Federal Assistance Requested	How have you used STT and federal assistance previously? Have you previously requested funding or support for this effort? What assistance do you need to complete your proposed plans? How will the STT assist you in completing your proposed project? What assistance do you expect to request from the federal government to complete your proposed project?	
Additional Questions		

Date Completed: _____

Appendix E: Example of an Engagement Process for FEATs with STT and Eligible HCFs

Step 1 Internal Federal Coordination and STT Preparation

- FEMA and ASPR HQs conduct joint initial calls with the FEMA and ASPR RAs, and other interest federal regional stakeholders, to describe the Healthcare Facility Expansion support opportunities and processes
- FEMA and ASPR RAs identify key questions and likely technical assistance requests
- Information from the calls is supplemented by technical assistance documents, policies, FAQs, and advisories
    - o The focus of this effort is space expansion for the treatment of COVID-19 patients within a healthcare facility or campus
    - o Staffing is beyond the scope of this effort, and while questions about staffing requirements may be asked, the normal requires process for federal staffing will be followed

Step 2 STT submit Package of Individual Project Requests

- FEMA and ASPR representatives conduct calls/webinars with STT Emergency Management Agencies (EMA) and Public Health Departments (PHD) to describe the healthcare facility expansion opportunities and processes
- FEMA and ASPR representatives conduct calls/webinars to describe the healthcare facility expansion opportunities and processes with healthcare associations, stakeholder groups, and healthcare facilities; STT partners may participate in calls both to hear questions and gage interest from potential healthcare facility partners
- Healthcare facilities, working with STT EMAs and PHDs, identify potential interest in Federal Expansion Assistance Team (FEAT) calls
- STT EMAs, in collaboration with STT PHDs, compile a list of healthcare facilities interested in conducting virtual or in-person FEAT discussions and provide a prioritized list to the FEMA RA
- ASPR and FEMA RAs, working in collaboration with STT, prioritize regional healthcare facilities for FEAT discussions

Step 3 Joint Federal /STT Healthcare Facility Discussions

- FEAT, in collaboration with STT, schedule and conduct initial technical assistance virtual or in-person visits with interested healthcare facilities
- During the discussions, participants discuss proposed projects and technical assistance requests
    - o The healthcare facility defines the desired expansion project

     ○ Federal partners consult with STT and healthcare facilities to discuss the proposed expansion projects

     ○ HCF identifies likely requests for technical assistance

Step 4 Resource Requests

- Resource requests may be developed via multiple methods alone or in combination, including but not limited to:
    - Eligible STT governments develop requests for public assistance funding
    - Eligible STT governments develop and submit FEMA resource request forms for federal assistance

Step 5. Project Approval

- Resource requests are reviewed and approved through the FEMA process for Direct Federal Assistance
- Upon approval,
    - FEMA provides public assistance funding per existing guidance
    - FEMA coordinates with federal partners to fill resource request forms through mission assignments

Step 6 Project Initiation

- Technical assistance is provided by federal partners (e.g., FEMA, USACE, ASPR) to support the healthcare facility in designing the expansion project
- Projects are initiated by the healthcare facilities after any required permits are approved.

Step 7 Project Completion

- Healthcare facilities complete projects through to local inspection and approval
- Applications, receipts, and other documents are provided to support provision of remaining public assistance funding, as applicable